

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td>10/583,632</td> </tr> <tr> <td>Filing Date</td> <td>05/31/2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeffrey Sebastian, et al.</td> </tr> <tr> <td>Title</td> <td>Utilization of Stem Cell and Fibroblast...</td> </tr> <tr> <td>Art Unit</td> <td>1657</td> </tr> <tr> <td>Examiner Name</td> <td>Laura J Schuberg</td> </tr> <tr> <td>Attorney Docket Number</td> <td>626-1002-140-US</td> </tr> </table>	Application Number	10/583,632	Filing Date	05/31/2007	First Named Inventor	Jeffrey Sebastian, et al.	Title	Utilization of Stem Cell and Fibroblast...	Art Unit	1657	Examiner Name	Laura J Schuberg	Attorney Docket Number	626-1002-140-US
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I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

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OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record	
Signature	Date
Name	09/02/10
Title and Company	Telephone
Lifeline Skin Care, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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